

Effective October 1, 2000

Application or Docket Number

M4025.0048

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			5 3		(BALL - 1944 - 1971)		ŗ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		-	BASIC FEE	355.00	OR		710.00
TOTAL CHARGEABLE CLAIMS			'γ 3 _{minus 20=}		• 33		Ī	X\$ 9=		OR	X\$18=	240
INDEPENDENT CLAIMS			minus 3 =		* 3		Ī	X40=		OR	X80=	594
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				f	+135=		OR	+270=	344
* If	the difference	in column 1 is	less than zero, enter "0" in col			olumn 2	L	TOTAL		OR	TOTAL	1580
CLAIMS AS AMENDED - PART II								-			OTHER	THAN
	(Column 1) (Column 2) (Column 3)							SMALL ENTITY			SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CLAIM	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF W	OLITPLE DEP	CINDEIN	·		۱ <u>[</u>	+135=		OR	+270=	
							_	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)		COII.I LE		•		
AMENDMENT B	South State of the	CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	 	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		J ∤	.105			, 270	
							Ĺ	+135=		OR	+270= TOTAL	
							Å	TOTAL ADDIT. FEE		OR	ADDIT. FEE	
	**************************************	(Column 1)			ımn 2)	(Column 3)	.			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU! PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		<u> </u> =	 	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDEN	IT CLAIM		J ∤	+135=		1		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												<u> </u>
	the "Highest Nu" . The "Highest Nur	ımber Previously F nber Previously Pa	raid For" (Total o	s SPACE r Indepen	: 15 less tha ident) is th	an 3, enter "3." e highest numb	er fou	ınd in the ap	propriate bo	x in co	olumn 1.	